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Report on the joint field visit to Indonesia of the Executive Boards of UNDP/UNFPA, the United Nations Children's Fund and the World Food Programme 8 to 22 March 2006

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I. Introduction

1. A delegation of 20 members of the Executive Boards[1] of UNDP, UNFPA, the United Nations Children's Fund (UNICEF), and the World Food Programme (WFP) made a joint field visit to Indonesia from 8 to 22 March 2006.

2. The purpose of the visit was to understand the extent and ways the United Nations contributes to achieving the transition from a humanitarian disaster of unprecedented scale to reconstruction and recovery in Indonesia, in collaboration with the Government and local and international partners, in the Province of Nanggroe Aceh Darussalam. Board members gained insight into how multilateral agencies could work more synergistically at the country level to achieve the objectives, determined in the United Nations Development Assistance Framework for Indonesia (UNDAF 2006-2010). Particular attention was given to issues relevant to United Nations reform: simplification and harmonization, the Resident Coordinator system, and joint programming; and also to donor coordination, both between multilateral and with bilateral donors, and related harmonization aspects.

3. The joint field visit was divided into five parts: (a) a two-day joint start of the mission, (b) a two-day joint visit to Nanggroe Aceh Darussalam, (c) four days of joint programme visits by the UNDP/UNFPA, UNICEF, and WFP Executive Board members to individual agency and/or joint projects, (d) a one-day joint wrap-up at the end of the mission, and (e) a one-day joint drafting of the report.

4. The team wishes to thank the Government and the people of Indonesia for their generous hospitality and for the extensive and candid discussions. The delegation

[1] The team leader of the mission was Ms. Norma Taylor-Roberts (Jamaica); the group leaders for project visits were Mr. Tesfa Alem Seyoum (Eritrea) and Ms. Maria Fabiana Loguzzo (Argentina); the chief rapporteur was Mr. Andriy Nikitov (Ukraine) and the group rapporteurs were Mr. Leonidas Nkingiye (Burundi), Mr. Alexander Titarenko (Russian Federation) and Ms. Ewa Anzorge (Poland).

would also like to express its sincere appreciation to the representatives and staff of UNDP, UNFPA, UNICEF, and WFP and to their counterparts for the excellent preparation of the visits. Special thanks go to the Resident Coordinator of the United Nations system in Indonesia.

II. Background on Indonesia

5. Indonesia is the largest archipelago in the world, consisting of approximately 17,000 islands, 6,000 of which are inhabited. Indonesia bridges two continents, Asia and Australia/Oceania. This strategic position profoundly influences the social, political and cultural life of the country, as well as its economy. Indonesia is the fourth largest country in the world in terms of population, with about 240 million people, and a large and varied number of ethnic groups, including Javanese (45 per cent), Sundanese (14 per cent), Madurese (7.5 per cent), coastal Malays (7.5 per cent) and many others, as well as a wide range of religions and cultures.

6. After the early 1980s, Indonesia moved into the global market economy. The country began to achieve an average annual growth of almost 7 per cent, a performance rivalling that of its Asian neighbours. By the year 1996, the poverty rate had fallen to 11.8 per cent of the total population. The gross domestic product (GDP) real growth in 2005 was 5.3 per cent, GDP per capita constituted $3,700, and GDP (purchasing power parity) equalled $900 billion. The composition of GDP by sector is largely industry at 40.4 per cent – 44.5 per cent counting services; agriculture has a stake of 15.1 per cent.

7. The legislative and presidential elections of 2004 brought in a new government committed to governance reform; the medium-term development plan, 2004-2009, was issued by presidential decree; the Poverty Reduction Strategy Paper (PRSP) is in the process of finalization; the level of violence stemming from social conflicts is at its lowest level since 2001; and the economy is showing sustained growth for the first

time since the Asian economic crisis in 1997-1998.

Special situation in Nanggroe Aceh Darussalam

8. The year 2004 will long be remembered in Aceh for the tragic earthquake and tsunami that claimed at least 167,000 lives in the area, and left over 500,000 people homeless. The coastal infrastructure was similarly ruined as the waves rendered unusable some 1,800 bridges, and wiped out 1,585 kilometres of roads and over 2,200 schools. The total estimated tsunami damage is $4.5 billion, equivalent to 2.2 per cent of the national GDP or 97 per cent of the Aceh GDP. Damages – such as the impact on assets – are estimated at $2.9 billion, and losses – the impact on future cash flows – are estimated at $1.5 billion. In the different sectors, housing losses account for $1.5 billion (32 per cent of the total damage), followed by transportation $0.5 billion (12 per cent) and fisheries $0.45 billion (11 per cent).

9 It is generally believed that tsunami recovery and reconstruction will take between three and five years and in some places up to a decade. Apart from rebuilding schools, livelihoods and infrastructure, the tsunami recovery has required restoring local communities and governments. Many local leaders and officials died in the tsunami, alongside many civil servants and teachers. In addition, the tsunami destroyed land records and other legal documents that must be reconstructed. Despite these complications the United Nations response was immediate and vital.

10. On 15 August 2005 the Government of Indonesia and the Free Aceh Movement (GAM) signed a peace accord in Helsinki, which put an end to 30 years of conflict in the region. Implementation of the peace process has so far proceeded at a good pace, as several government and external evaluations have recognized.

III. The United Nations presence in Indonesia and the United Nations Development Assistance Framework

The United Nations family in Indonesia

11. There are 26 United Nations specialized agencies, funds and programmes represented in Indonesia.* These are complemented by many United Nations organizations that carry out specific projects.**. Added to these are the Special Adviser to the Secretary-General on the Millennium Development Goals (MDGs) in Asia and the Pacific, and the Special Adviser to the Secretary-General on Reform. There are more than 400 international staff and 1,700 national staff. The majority of United Nations staff are located in Aceh. Total funds for 2005 were at the level of $400 million, and planned resources for the period 2006-2010 stand at $1 billion.

12. The United Nations coordination mechanism consists of the Resident Coordinator, the Coordinator Support Office, the United Nations country team, United Nations theme groups (HIV/AIDS, youth), the United Nations Office of the Recovery Coordinator (UNORC) for Aceh and Nias, the common country assessment (CCA), and the UNDAF.

13. Board members observed that the United Nations country team in Indonesia is committed to supporting the efforts of the Government of Indonesia to improve the lives of all citizens, especially those most excluded and vulnerable.

The UNDAF process

*These include the International Labour Organization (ILO); the International Telecommunication Union (ITU); the United Nations Office for the Coordination of Humanitarian Affairs (OCHA); the Joint United Nations Programme on HIV/AIDS (UNAIDS); UNDP; the United Nations Educational, Scientific and Cultural Organization (UNESCO); UNFPA, the Office of the United Nations High Commissioner for Refugees (UNHCR); UNICEF; the United Nations Information Centre (UNIC); the United Nations Industrial Development Organization (UNIDO); the United Nations Office for Project Services (UNOPS); WFP; the World Health Organization (WHO), and the World Bank.

**The Economic and Social Commission for Asia and the Pacific (ESCAP); the Food and Agriculture Organization of the United Nations (FAO); the International Atomic Energy Agency (IAEA); the International Fund for Agricultural Development (IFAD); the International Maritime Organization (IMO); the United Nations Conference on Trade and Development (UNCTAD); the United Nations Environment Programme (UNEP); the United Nations Human Settlements Programme (HABITAT); the United Nations Development Fund for Women (UNIFEM); the United Nations Office on Drugs and Crime (UNODC); United Nations Volunteers (UNV); and the World Trade Organization (WTO)

14. The second UNDAF for Indonesia was concluded in 2005 to support the Government and people of Indonesia in achieving the MDGs. The second UNDAF for Indonesia is available at http://www.undg.org/rbap/Country_Office/UNDAF/UNDAF-Indonesia_2006_2010.pdf.

15. As a first step in the UNDAF preparation process, the United Nations prepared a CCA in Indonesia, in partnership with the Government of Indonesia and civil society organizations (CSOs).

16. The assessment used a rights-based approach and identified 25 major development challenges facing Indonesia. Based on the challenges highlighted in the CCA, the first Indonesia MDG progress report, and the PRSP and medium-term development plan, the United Nations and the Government of Indonesia identified three UNDAF areas of cooperation and associated outcomes that reflect the depth and breadth of United Nations country programmes in Indonesia:

(a) Strengthening human development to achieve the MDGs;

(b) Promoting good governance; and

(c) Protecting the vulnerable and reducing vulnerabilities.

17. In each case, the UNDAF outcome supports a PRSP strategic target and a focus area of the medium-term development plan. Following the 26 December 2004 tsunami, the United Nations has been actively involved in humanitarian and early recovery activities. These have been integrated into the three UNDAF areas of cooperation described above. In addition, the United Nations is committed to preparing a strategy paper for recovery in Aceh and North Sumatra 2006-2010 that supports the master plan of the Government for rehabilitation and reconstruction in the provinces of Nanggroe Aceh Darussalam and North Sumatra and the Rehabilitation and Reconstruction Agency for Aceh and Nias (BRR), established by the Government in April 2005.

18. Articulating an appropriate role for the United Nations system in a country as large and complex as Indonesia is a challenging task. Board members observed that in

a situation where official development assistance (ODA) comprises only 1 per cent of government revenue and the United Nations contribution is a relatively small part of that, there is a need to be selective and focused in a few important areas so as to maximize the impact of the United Nations organizations.

United Nations system support to rehabilitation and reconstruction in the provinces o Nanggroe Aceh Darussalam and North Sumatra

19. Further to humanitarian relief efforts, the United Nations system will directly support implementation of the national master plan for rehabilitation and reconstruction in the provinces of Nanggroe Aceh Darussalam and North Sumatra, in ways that promote achievement of the MDGs and good governance, and mitigate the immediate and long-term vulnerability of the local population. United Nations support to the planning and execution of the master plan will seek to ensure that communities participate in the reconstruction process; that use of national and donor community resources is transparent and fair; and that the aid agencies of national and donor communities (donor countries, international and regional financial institutions, the private sector and civil society) are accountable for results.

20. The immediate recovery support of the United Nations system to Aceh has been mainstreamed into the three core UNDAF outcomes. In addition, with the formation of BRR, the United Nations can now begin to develop a stand-alone, more comprehensive recovery strategy for tsunami-affected areas for the 2006-2010 UNDAF time frame.

IV. Post-tsunami rehabilitation and recovery in affected areas

21. The tsunami and earthquakes of 26 December 2004 devastated the coastal areas of Nanggroe Aceh Darussalam Province and the islands of Nias and Simeulue. The

disaster in Banda Aceh elicited an unprecedented international response: a total of $5.9 billion was pledged to reconstruction in Indonesia. Pledges were channelled through the United Nations, as well as other international organizations, and non-governmental organizations (NGOs) and bilateral donors played a significant role. The Multi-Donor Trust Fund administered by the World Bank and led by the Government of Indonesia is the main vehicle for the coordination and joint funding of reconstruction. The executing entity is BRR.

22. WFP was the first international agency to begin distributing food among victims of the tsunami, starting on 1 January 2005 and using resources from its working capital fund. Reaching 1.2 million beneficiaries in April 2005, this was a safety net for the tsunami-affected people who were vulnerable to food security and malnutrition.

23. In April 2005 the Government of Indonesia set up BRR as the coordinating agency to ensure transparency, accountability, and speed in the reconstruction as well as to determine criteria for prioritizing projects and optimizing the use of funds. BRR has 10 local offices.

24. In September 2005 the Office of the United Nations Recovery Coordinator for Aceh and Nias (UNORC) was established to coordinate United Nations activities and cooperation with BRR. On November 2005 UNORC and BRR signed a Memorandum of Understanding to this effect.

25. UNORC continues to strengthen its field presence and has field offices in Banda Aceh, Calang, Meulaboh, and Nias. Information, analysis, and monitoring constitute an essential service provided by UNORC to the Government of Indonesia and partner organizations through its Information Management Service unit (UNORC IMS).

26. The temporary shelter plan of action is a joint effort by UNORC and the International Federation of Red Cross and Red Crescent Societies to provide up to 20,000 temporary shelter units. The objective is to have tsunami survivors moved out

of tents by June 2006 while the Government finalizes housing arrangements. Twenty-one implementing partners are collaborating on this initiative.

27. UNORC provides logistical support through the World Food Programme shipping service (WFPSS). The service rebuilds ports, offers sea transportation and cooperates with agencies that provide other modes of transportation. It aims for timely delivery of materials, and advises BRR on the overall logistics strategy to ensure improved delivery of reconstruction materials and equipment.

28. Board members met with the country team staff and visited sites in Banda Aceh and its environs to observe food aid, health services, education, shelters, environmental management, infrastructure rehabilitation, and restoration of livelihoods. The Board members noted that:

(a) The United Nations country team, through the Office of the Relief Coordinator (subsequently renamed the Recovery Coordinator) developed an *effective inter-agency coordination mechanism*, staffed voluntarily by the respective organizations, and meeting frequently to ensure the integration and coherence of the activities of the United Nations system. This may constitute a best practice suitable for emulation elsewhere. Issues of compatibility of financial rules and staffing regulations between different organizations still need to be addressed.

(b) The country team suggested that other best practices can be derived from experience with the United Nations Humanitarian Air Services (UNHAS), the United Nations Department of Safety and Security (UNDSS), the United Nations Integrated Support Services, and WFPSS, which all provide services not only to the United Nations system but also, in most cases, to the Multi-Donor Trust Fund and NGOs.

(c) *Food aid* activities by WFP, which began with general distribution immediately following the tsunami, now comprise targeted distribution, mother and child nutrition, and school feeding. Cooperating local NGOs provide community-based targeting and distribution. A baseline and follow-up nutritional survey have been undertaken, and

results appear satisfactory, although it must be borne in mind that there is no pre-tsunami baseline.

(d) Provision of *drinking water* to temporary living centres was organized by UNICEF and more than 20 NGOs. UNICEF assisted in making a water purification plant operational and is now constructing pipelines delivering water to the living centres. Most still get water from trucks run by the United Nations and different NGOs.

(e) *Health and education* (UNFPA and UNICEF) have been established in temporary accommodations, where pre-tsunami levels of service appear to be offered. These facilities are seen as crucial to attracting residents back to their former (now devastated) communities. WFP programmes support mother-to-child nutrition through local outpatient health posts and school-feeding. There nonetheless appear to be opportunities to improve the quality of both health and education services to better than pre-tsunami levels ("build back better").

(f) Numerous actors are offering *temporary or permanent shelters*, with HABITAT taking the lead among United Nations organizations. This was felt to be a complex and challenging area of work, with issues of land titling and planning; water and sanitation; connection to infrastructure; and targeting of recipients all in play. Cases of inadequate water and sanitation and inferior building practices were observed or reported. Clearly the tension between "build back better" and "build back fast" is most evident in this sector.

(g) UNDP, in cooperation with NGOs and the Ministry of Trade and Industry, has done commendable work in *restoring livelihoods*. By identifying individuals and groups who ran micro- and small businesses before the tsunami, and offering them quick cash grants of $150 per person, significant numbers of businesses have been restored and restarted. It would seem that the recapitalization of medium-sized and large businesses has not yet been adequately addressed by commercial or development banks. On a smaller scale, although no less important, UNFPA has given quick grants to women

living in barracks, enabling them to start small shops and businesses manufacturing soft drinks.

(h) UNDP reconstructed the *port facility* in the early days of relief, and while some Board members raised questions of mandate appropriateness, it was agreed that this was a critical and appropriate step in getting relief moving. This prompted further discussion of the need to consider carefully the analysis of country team members on the ground, and ensure that they have sufficient delegated authority.

(i) A UNDP project to *remove and recycle rubble* from fish ponds was witnessed.

(j) A *census after the tsunami* was initiated and supported by UNFPA with contributions from bilateral donors, and its results are currently used for planning recovery activities.

(k) UNFPA supports a project on *reproductive health education* to adolescents within a Muslim university. By channelling support through existing structures in an alliance with religious institutions, UNFPA is able to reach out with a sensitive message in a non-confrontational manner. This project approach was observed also on the field visit to Tasikmalaya.

29. Based on the above observations the team drew the following conclusions and recommendations:

(a) While the country team has succeeded in improving *internal coordination*, it faces the challenge of bringing non-governmental actors to the table. It is important to find a way to encourage these actors with their considerable resources to integrate fully into relief coordination processes.

(b) Again, because non-governmental actors are financing much of the reconstruction, there is a critical need to set the *overall standard across the board*. This is most evident in the housing sector. BRR will have to take a lead role here, but it is clearly an area where the country team could have much to offer. The significant risk to the reputation of the United Nations should there be substandard outcomes cannot be

ignored, regardless of who actually performed the construction.

(c) It is not certain that the directive to "build back better" is being heeded consistently. There may be pressure from both residents and the international press to show immediate results. Nonetheless, experience from other locations (Kobe, Bam, etc) indicates that the necessary time frame is years, not months. Apart from policy advocacy on this subject, there is scope for the country team to take on a wider role in public affairs (for example with the press) to make it clear that taking the time to rebuild well will be a good long-term investment.

(d) There are *unresolved targeting issues* (also referred to in the local context as "entitlement"), particularly with respect to free housing. This includes the treatment of pre-tsunami non-landowners. BRR is likely to take the lead on this question, but there is a significant policy assistance/advocacy role for the country team. It will also be important to ensure that there is no "exclusion" of vulnerable groups, either in remote areas or in politically less able urban ones.

(e) This leads also to consideration of what *impact on 'equity'* the relief/reconstruction effort may have. Will income disparity be widened, narrowed, or unaffected by relief/reconstruction spending? The members of the field visit could not of course draw conclusions on this subject, but consider it an important issue for analysis.

(f) While the country team coordinates its efforts well, the question arose of how clearly mandates and the division of labour have been defined (a wider system issue). It was noted, for instance, that housing, livelihoods, and health had involvement from more than one United Nations organization, as well as many NGOs. As a result, not only coordination, but also the development of standardized approaches, economies of scale, and the learning of lessons become more difficult. This arises from the *appeal process funding model*, where all actors bid for funds for their own programmes. A high-volume, bounded area relief/recovery operation such as the one in Aceh would seem to have lent itself to a more coherent common fund approach.

V. Significant experiences and observations on United Nations activities in Indonesia

United Nations system coordination

30. The Resident Coordinator, his deputy, and representatives of the United Nations funds and programmes described the organization of the country team in Indonesia and its coordination mechanism. There are currently no common premises. Six months ago, the functions of the Humanitarian Coordinator were integrated with those of the Resident Coordinator. Following the tsunami, the UNORC was established in Aceh. Until last summer, a major part of the work of the country team involved the response to the tsunami.

31. The Resident Coordinator described the CCA carried out in 2004 by the United Nations funds and programmes and the Government of Indonesia as being of high quality with excellent strategic analyses. As a logical consequence of the CCA, and taking into account the medium-term development plan, the PRSP and the national report on progress towards the MDGs, the United Nations system elaborated the second UNDAF, 2006-2010, which identifies three priority areas. The UNDAF design was adapted in the light of the tsunami disaster. A further priority of the cooperation among United Nations organizations concerns joint initiatives on HIV/AIDS. The three project coordination offices provide common services. The Resident Coordinator mentioned discussions among the country team on the comparative advantage of the United Nations system in Indonesia. There is a shared view that the United Nations is a more neutral partner, able to take up sensitive issues such as human trafficking or domestic violence and contribute to the capacities of the Government, including such areas as the elaboration of a borrowing strategy, which is not covered by the international financial institutions.

32. The main mechanism for coordination is the consultative group on Indonesia, which as from January 2005 is chaired by the Government of Indonesia with World Bank support. Previously, the Bank had chaired the group directly.

33. Various questions were raised. On the question of whether the Cape Verde model (with a single programme document and common premises) was realistic for Indonesia, a UNFPA representative said that it would in fact work but would take time and a full commitment from headquarters and the Government. In addition, the integration of accounting and information technology systems would be necessary. On the matter of data gathering and data use, the Resident Coordinator commended the high quality of statistics in Indonesia. A UNFPA representative recalled that this was one of the priorities of the Government of Indonesia and mentioned cooperation with the national development planning board (BAPPEDA) concerning the planning programme and the population forecast for the next 20 years in Indonesia. The decentralization of the Indonesian Administration raised concerns that the current quality of statistics could be at risk. On the question of corruption, the Resident Coordinator noted a positive evolution towards transparency in the last 10 years. This is now being discussed within the Government and in the press. Within the United Nations system, he mentioned that the oil-for-food problem had led to an increase in external auditing and internal oversight. For joint programming, a better coordination has been achieved in the areas of information technology systems, accounting, and the handling of overheads.

Interaction with civil society

34. As far as interaction of the country team with civil society is concerned it is worth mentioning that Indonesia has a numerous and vibrant civil society, especially since the 1999 NGO Act. The CSOs highly value the United Nations funds and programmes and are eager to cooperate with them especially as executing agencies. The experiences gathered are frequently used in other projects. Board members noted the important growing role of NGOs in improving the socio-economic situation in the region and spreading it to other areas. The NGO representative requested the United Nations organizations to assist them in communication with the Government.

35. Representatives of 13 NGOs working with United Nations funds and programmes briefly presented themselves to the members of the joint field visit and answered various questions. Indonesian NGOs consistently stated that the United Nations system can contribute to a better understanding by the Government of the positive role NGOs play and the added value they represent. Some NGOs felt that the United Nations system should do more, particularly as far as funding and capacity development are concerned. Accounting and budgeting were repeatedly mentioned as areas where local NGOs might need training.

36. The question of how NGOs are selected by the country team was raised. The answer was that selection is based on their track records and their suitability for a given objective. The country team mentioned that some NGOs had difficulty keeping to a timetable in providing reports. It was also mentioned that NGOs enjoy the trust and confidence of people in Indonesia. The UNFPA country representative underlined the role of civil society in Indonesia as an important contribution to democracy and said the country team was aware of how it could help Indonesian NGOs not only to improve their capacities in accounting but also their capacities to 'train the trainers', i.e., to work in the area of capacity-building.

Interaction with bilateral donors

37. The delegates met with representatives of the Department for International Development (United Kingdom), the United States Agency for International Development, the Australian Agency for International Development (AusAID), and the Canadian International Development Agency, as well as development agencies from Austria, the European Union, Finland, Germany, Japan, the Netherlands, the Republic of Korea, and Spain, together with country team representatives. The role of the United Nations system in the coordination of bilateral donors was recalled in connection with the creation of the Multi-Donor Trust Fund and UNORC to coordinate international recovery and reconstruction activities. The United Nations has convened avian flu donor coordination meetings at ambassadorial and technical levels. It participates in the consultative group on Indonesia chaired by the Government of Indonesia. The country team had few core resources but enjoyed the confidence of bilateral donors, in particular in the aftermath of the tsunami. Its discussions on the prioritization of bilateral donors' contributions were an excellent team-building exercise. One representative commended the good coordination effort of the United Nations in the response to HIV/AIDS, namely in the partnership fund run by the National AIDS Commission and the coordination of the decentralization support. Another participant reminded the meeting that the bulk of cooperation funds in Indonesia are bilateral and that the Multi-Donor Trust Fund provided an excellent opportunity to harmonize. Outside of Nanggroe Aceh Darussalam, however, the pressure for harmonization and alignment is less strong as ODA represents only about 1 per cent of the total aid. It was felt that the best way for the United Nations to make a difference in Indonesia was to align with the Government on achieving the MDGs (which are likely to be met with the exception of the maternal mortality ratio), contribute to the improvement of governance, try to influence budget allocations, coordinate the avian flu response, and address malnutrition. Indonesia was an important test case for donor coordination. The United Nations plays an important role through its focus on the MDGs, by having a team approach, by providing information about governance issues, and by coordinating

the tsunami and avian flu response, as well as by supporting the coordination of the decentralization process. One representative underlined that the Indonesians had a strong sense of ownership and that it was important to align with the priorities of the Government and to support it in its response to the tsunami and avian flu. The leadership role of the United Nations was commended (especially FAO and WHO) in the response to avian flu and underlined the positive role of the private sector in Indonesia. On the question of joint programming, participation was encouraged if the Government of Indonesia so requests. Various representatives of bilateral donors suggested that the Executive Board representatives should better promote the Paris Declaration on Aid Effectiveness.

Individual field visits (see annex 2)

A. *Visit to Nusa Tenggara Barat, Lombok (Group 1)*

38. Six members of the joint visit, along with two members of the UNDP and WFP secretariats, visited five United Nations project sites in Lombok from 15 to 17 March. The main theme was malnutrition, and the role of WFP and UNICEF in dealing with it in programmes delivered through the primary health-care and education systems. Initiatives of UNDP and FAO to address the income/access aspects of food security were also observed. The group members were accompanied by the Provincial Secretary throughout their visit.

Malnutrition

39. Despite considerable success in achieving poverty reduction, Indonesia still has serious problems of malnutrition – for example, stunting in 38 per cent of the population and anaemia in over 50 per cent. The problem was very evident in sites visited in Lombok, particularly among children in remote and economically disadvantaged locations – this is in spite of the fact that Lombok is a food surplus region, with a relatively adequate level of per capita income.

40. The causes of under-nutrition are apparently diverse. Migrant labour and shifting

activities such as pumice extraction leave some children without adequate care, and there are difficulties in reaching target populations with consistent primary health care. Access to adequate food is limited for low-income earners (and the official social safety net programme, Raskin, does not seem sufficiently targeted to redress this). The consistent message from health and nutrition workers, however, is that the biggest challenge is lack of awareness of good nutrition practices. Despite the variety of foods available, there is an over-reliance on rice, which is one of the more expensive elements of the food basket. Also, breastfeeding is often not properly practised, and weaning may be too early.

Education and nutrition

41. WFP attempts to address this problem through two programmes: mother and child nutrition, and school feeding. The former targets pregnant and lactating mothers and small children through the 'posyandu' (health post) system (observed in Akar-Akar and Kuta) by providing fortified noodles to mothers and fortified biscuits to their children; and the latter provides biscuits to children who attend school (Akar-Akar and Rembitan). UNICEF strengthens the primary school system through teacher and curriculum development, and provision of vitamin A supplementation to students in Lingsar. The FAO Special Programme for Food Security was observed in one location (Rembitan) where it attempted to improve farmers' incomes through grant provision of inputs such as a dam for water management, cattle to families, and advice on crop cultivation and marketing. A UNDP initiative has created a network of NGOs at the national level (the community rehabilitation programme), and the participants at Lombok district level described their activities in executing a small grants programme and undertaking advocacy.

Observations

42. WFP has achieved fairly wide coverage in its programmes, serving some 55,000 beneficiaries. It has in some cases played a 'pioneering' role, by extending food

supplementation and nutrition education into the most under-served areas in Akar-Akar. (Two capable NGO partners have facilitated the community targeting and outreach of WFP.) Enhanced supervision of the programme would enhance effectiveness in some instances (Akar-Akar and Rembitan). In some educational settings observed by the members of the Board where UNICEF and others are present, support to both nutrition supplementation and education are combined to provide comprehensive support.

43. There appears to be a significant issue of gender participation beyond the first five years of education, as well as of gender representation in district and provincial government. It is the experience of United Nations organizations in other jurisdictions that these are challenges that must be addressed for successful sustainable development.

44. *Conclusions and recommendations:*

(a) *Targeting.* United Nations interventions should be targeted at the most vulnerable communities. This will require a dialogue with provincial and district interlocutors, so that there is joint analysis and agreement about where to site initiatives.

(b) *Critical mass.* Once targeted, the interventions of United Nations organizations appear to have the best chance of success where they are joint, and bring a more or less complete package of inputs to address problems in an effective and sustainable way. With organizations acting individually, there is the danger that both United Nations and local community resources will be expended without sustainable results.

(c) *Policy influence.* The resources that the United Nations system, and international cooperation more generally, can bring to bear are relatively minor compared to the scale of the local economy and its development challenges. Partnership with local and national actors is an obvious requirement. The United Nations system, however, must be more than a service provider in this partnership. It must target the major areas for policy improvement, and bring lessons from its international experience to suggest new

policy approaches. One such area would appear to be best practices in food safety nets and nutrition education.

(d) *Partnership/ownership.* NGO partners appeared capable, and committed to poverty reduction objectives. More evidence is needed on government ownership as evidenced by counterpart financing for sustainability.

B. *Visit to South Sulawesi/Makassar (Group 2)*

45. On 15 and 16 March 2006, eight representatives of the Executive Boards and two members of the secretariats of UNDP and UNICEF visited nine United Nations project sites in Makassar, the Bantaeng District, and in Jeneponto, located in the Province of South Sulawesi.

46. The group also visited the Governor of South Sulawesi and the Deputy District Governor of Bantaeng (a district located in the east of South Sulawesi). Both authorities expressed their appreciation for the assistance given by the United Nations funds and programmes in the province for implementation of the Free Birth Certificate campaign[5] and the school feeding programme, among others. The Governor of South Sulawesi underlined the necessity to extend this work to all districts of his province. The group members were asked to give a press conference (not previously scheduled) for representatives of local media after the meeting with the Province Governor. The team leader explained the purpose of the joint field visit.

Children

47. The group visited the child protection board (LPA) at the regional office of BAPPEDA. UNICEF supports the LPA in the response to the psychological aspect of displaced children. Members of the LPA explained that their work related to the organization of provincial workshops on violence to children and the preparation of several training sessions to sensitize policemen who deal with children at risk. It was

[5] The campaign had benefited more than 5,000 children in the province.

explained that the free birth certificate scheme started in 2000 had helped displaced children and children living or working on the streets to obtain their identification and entrance to school.

48. The group visited two educational centres[4] where the 'creating learning community for children' (CLCC) method is applied.[5] These centres prepare children to enter primary schools through enhancement of their learning skills and, at the same time, provide guidance to mothers on the importance of proper nutrition for their children. The nursery school is managed by Pembinaan Kesejahteraan Keluarga (PKK), a women-led organization, and Taman Posyandi (the core institution). The school has 43 children between 2 and 5 years old. Board members witnessed some of the programme's outstanding characteristics for primary schools, such as a more integrative pupil seating arrangement, budget expending transparency and garden development. The programme is now expanding from 38 to 40 UNICEF-supported districts, with the assistance of AusAID. The group was informed that in certain districts this method continues to be applied after UNICEF support has ended.

49. Board members visited the school radio station, Mataram Buana Suara FM, located in Bantaeng and established in 2004 to meet the community demand for information about education, community health, and the family, among other topics. The radio, a joint initiative between the local government and the community, also carries a distance-learning programme. UNICEF collaborates with the content of the information that benefits communities living in remote areas within Bataeng and its neighbour Kabupaten Jeneponto.

HIV/AIDS and narcotic drugs

50. The group participated in a gathering of pupils from some 80 Makassar schools, who were the focal points for the dissemination and awareness of HIV/AIDS and drug prevention among young people in the province. The gathering took place at the

Addiction Treatment Recovery Centre and Community run by Yayasan Harapan Permata Hati Kita (Yakita), an NGO that is helping people directly affected by drug addiction by making recovery and an improved quality of life possible.

51. The team noticed with great interest the active participation of the young people in all these activities, which clearly helped in their awareness of the HIV/AIDS and drugs issue as well as towards their empowerment.

[4] A nursery school and the primary school 'SD Kaili'.
[5] The Ministry of National Education developed this method in 1999, with the support of UNESCO and UNICEF.

Women's empowerment

52. Board members visited a community group for women's empowerment, Wanita Karya Mandiri (WKM), established in 2001 by a group of women in Makassar with the assistance of the UNDP community rehabilitation programme and now expanding its activities to promote men's participation in its work. Members interacted with the group and visited some micro-businesses, mostly market stands or kiosks, which had been established with grants received from the WKM. The scheme consists of a small revolving fund used by group members[6] to start micro-businesses and for enhancement of their capacities. Women of the WKM group told Board members that this programme had effectively improved their livelihoods and those of their families. It had also improved their communal approach and the response to their common problems. It was evident that the grant has helped its members to avoid falling below the $1 a day income level.

School feeding programme

53. Board members observed the distribution of WFP biscuits produced in Indonesia that contain about 50 per cent of minerals and vitamins needed daily to the pupils of the Islamic public school Madrasah Ibtidaiyah Negeri in Banta, Bantaeng. Distribution of these biscuits from the WFP nutritional rehabilitation programme at the school started in April 2005. The team noted that some pupils were still underweight and some sixth grade pupils looked as if they were four or five years younger. When questioned as to how many times per day they received a meal besides the school feeding, most of the pupils indicated twice or sometimes three times a day; some, however, said they had only one meal a day. The children performed a song about the benefits of the biscuits and prayed together before eating them. The distribution of WFP biscuits is used by the teachers as an entry point for lessons on nutrition. The group saw various educational panels on food items and the physiology of digestion.

Salt iodization

54. Board members visited a small, salt production factory where the process of salt iodization with simple, labour-intensive machines could be observed. UNICEF developed this pilot project in collaboration with the Ministry of Trade and Industry in order to develop the capacity of local salt producers to provide increased quantities of iodized salt to the local population. UNICEF works with the provincial health office and local NGOs to promote and monitor distribution and consumption. This project has a very positive effect in reducing iodine deficiency.

55. The team also visited a training facility for salt factory workers aimed at improving the quality of local salt production.

56. *Conclusions and recommendations:*

(a) Strong collaboration exists among all actors, United Nations organizations, funds and programmes, local CSOs and government. Next to the direct positive impact on local communities, capacity-building of NGOs is an important outcome of the project work of the United Nations organizations, funds and programmes in the sites visited. There is room to improve their cooperation with governmental authorities, particularly in the translation of these downstream activities into upstream policy advice and implementation.

[6] The membership has grown consistently between 2001 and 2005, from 20 in 2001 to more than 200 in 2005.

(b) The strong community participation and mobilization is an indicator that the projects are considered relevant for local people's livelihoods and welfare. Targeting children, mothers and young people is essential for the general improvement of livelihoods, and it is recommended that this approach be continued.

(c). The long-term effectiveness of the projects visited depends on their continuation after the phasing out of the United Nations organization involved. The authorities in the areas visited hope to receive assistance for the management of that transition.

C. *Visit to West Java/Tasikmalaya (Group 3)*

57. Six members of the Executive Board visited Tasikmalaya district in West Java Province. The group met with the head of the district, the Bupati, and his deputy and visited four UNFPA projects.

58. The district needs assistance in improving the maternal mortality ratio and the child mortality rate. The district government cooperated with UNFPA during its sixth country programme, and the Bupati expressed satisfaction with the cooperation. For the current country cooperation cycle, UNFPA and the district government identified seven priority areas of cooperation: gender-based violence, adolescent reproductive health, essential reproductive health, district-level database, advocacy, gender mainstreaming, and prevention of HIV/AIDS. The projects visited by the group covered the priority areas. The commitment of the district government was confirmed by its contribution to UNFPA projects, which amounted to 80 per cent of the funds, instead of the target of 10 per cent, even though the Bupati cited the limited income of the district.

Gender-based violence

59. The group visited the women's crisis centre run by the NGO Puan Amal Hayati, located in the Islamic boarding school of Cipasung. At the request of Puan Amal Hayati, UNFPA was instrumental in identifying partners for the project (the Ministry of Women's Empowerment, religious leaders, NGOs, schools, local authorities, and the

local community) and in starting the cooperation. The women's crisis centre provides consultation, information, counselling, spiritual healing, shelter, and legal aid to the victims of gender-based violence. The project covers a broad range of activities, including a campaign on gender equality and human rights, advocacy for gender-sensitive education in Islamic schools, and a telephone hotline. The project cooperates broadly with the local police, the law courts, hospitals, lawyers, psychologists, local government, and numerous volunteers from the community.

Adolescent reproductive health

60. The group visited a youth centre project that seeks to increase the knowledge and skills of youth on adolescent reproductive health, sexually transmitted infections (STIs) and HIV/AIDS through a series of activities: orientation, group discussions, and peer education. The centre provides counselling, medical services in the field of reproductive health, STIs, and HIV/AIDS, prevention and care for youth from groups at risk from HIV/AIDS, and maintains a telephone hotline.

61. The essential reproductive health project in the Ciawi subdistrict integrated essential reproductive health services such as maternal care, STIs, and HIV/AIDS into the district health centre (puskesmas). Adolescents were particularly targeted.

Prevention of maternal and child death

62. The project 'Suami Siaga' (Alert Husband), aimed at reducing maternal mortality by awarding a mini-grant to the local community to enable pregnant women in danger of giving difficult births to be transported on stretchers and/or by car to a hospital. Under the project, the community organized itself as the 'mother friendly movement'. As a result, awareness increased in the community, particularly among husbands who previously had little knowledge of the risks. After the mini-grant was used up, the village continued these activities without outside help by establishing its own fund for pregnant women.

63. *Conclusions and recommendations:*

(a) At all project sites Board members had the opportunity to talk to those responsible for the projects, representatives from the local authorities, beneficiaries and the local community.

(b) All projects involved various stakeholders: the community as a whole, in particular young people, the local authorities, and NGOs. Furthermore, the projects responded to the needs of the community. At each site, Board members met numerous beneficiaries who confirmed the usefulness and need for the project activities.

(c) Board members were impressed by the number of women involved in management and implementation of the projects and by the work being done for women's empowerment, including economic activities (livelihoods), and women's equality.

(d) The strong involvement of the local community and authorities indicated strong local ownership.

(e) Project activities included capacity-building, and awareness raising through outreach activities and networking.

(f) Central and local authorities considered the UNFPA contribution important to the achievement of the country's development objectives.

(g) The projects visited were pilot projects and, if successful, may be replicated by UNFPA or by others. In fact, Puan Amal Hayati, the NGO operating the women's crisis centre, is in the process of replicating the project on gender-based violence prevention and assistance to victims in seven other Islamic schools.

(h) UNFPA is encouraged to continue to play a proactive role by initiating pilot projects. UNFPA may wish to consider scaling up and replicating projects through partnerships with government, United Nations organizations, NGOs and donors. The sustainability of the projects should be ensured.

(i) There is a need for capacity-building for NGOs and civil society on fund-raising, as well as for advocacy with the central and local authorities on the importance of

continuing and increasing funding for population activities.

Cross-cutting issues

64. In addition to gender issues, and youth and women's participation, the joint field visit team considered the following issues in United Nations activities in Indonesia to be cross-cutting:

HIV/AIDS

65. On 17 March 2006 the team discussed the issue of HIV/AIDS with the joint United Nations AIDS team, officials of the Government of Indonesia (National AIDS Commission), and representatives of bilateral donors and civil society, and visited two projects in Jakarta.

66. Indonesia is a low-prevalence country, but infections are on the rise. The estimated number of people living with HIV/AIDS is 90,000-130,000. In some provinces, there are concentrated populations with infection rates above 5 per cent, which changes the classification of Indonesia from 'low prevalence' to 'concentrated epidemic'. Most infections are among intravenous drug users (IDUs), except in Papua, where HIV has spread into the population and requires different prevention strategies.

67. A United Nations joint action programme on HIV/AIDS was developed and launched in 2003 with 10 United Nations organizations participating and the involvement of the Government and many NGOs. Over three years, contributions amounted to $5.6 million. The bilateral donors' assistance is on a larger scale and has been well established for many years. New donors are coming in to establish the Indonesia Partnership Fund for HIV/AIDS, managed by UNDP. The secretariat of UNAIDS facilitates the technical coordination of the United Nations organizations and the bilateral agencies.

68. The National AIDS Commission, representing 11 ministries, was established to formulate policies and coordinate sectoral activities. After the decentralization of

government institutions, many competences were moved to the provincial and district level. The establishment of local-level AIDS commissions is in the hands of local authorities. The National AIDS Commission intends to promote development of local legislations.

69. Governmental activities focus on prevention; targeted interventions (condom promotion, harm reduction among IDUs, prevention of mother-to-child transmission); care, support, and treatment; monitoring and evaluation; and capacity-building.

70. The National AIDS Commission depends heavily (70 per cent) on donor financing. International assistance is available for local-level activities. There is a need for stronger commitment by the Government, to be confirmed by the allocation of more resources to the National AIDS Commission and its activities.

71. The Kios Atma Jaya shelter activities focus on harm reduction services: outreach to IDUs, voluntary counselling and testing, provision of medical services, referral to rehabilitation centres, provision of clean needles and syringes, and provision of substitute methadone. The work is difficult, because IDUs are not very interested in the services offered, and outreach workers who provide clean needles can be arrested for their possession, because drug use is illegal in Indonesia. Of the IDUs tested, 70 per cent tested HIV-positive. This shows the need to continue and scale up services of this kind, establish more such centres, closer to the places where IDUs tend to gather, making it easier for them to come to a centre.

Avian flu

72. The members of the joint field visit noted the necessity to pay attention to this issue, taking into account 22 cases of deaths registered in the population (Indonesia is in second place after Viet Nam in this regard). According to the Governor of South Sulawesi, two million chickens have been destroyed, and the situation is now under control. In case of new outbreaks of avian flu in Indonesia the affected birds will be destroyed.

73. Most of the cases had been either in direct contact with sick poultry or exposed to environments where there had been recent poultry/bird deaths. Current investigations in Indonesia have produced no evidence that the H5N1 virus is spreading from person to person. Given the experience of other H5N1-affected countries in Asia, the detection of further human cases in Indonesia is likely. Local authorities warned that avian flu was the biggest health threat faced by Indonesia at present. Indonesia required technical support and capacity-building in the areas of laboratory testing facilities, treatment, and drugs, and in raising public awareness.

VI. Conclusions and recommendations

74. The UNDAF in Indonesia has had strong country ownership since its inception. It takes the CCA and the PRSP into account. The team was positive about the acceptance of the UNDAF at the country level.

75. Although coordination among agencies, funds and programmes is present, the efforts to achieve coordination are sometimes greater than the results.

76. The team noticed that joint programming is a very important tool, particularly in the implementation phase.

77. UNORC is a unique arrangement, and its head is doing excellent work. The issue of resources and delegation of authority for UNORC is worth studying.

78. There should be priorities in relation to humanitarian interference, and more attention should be paid to the level of involvement in humanitarian crises.

79. Participants commented that there was an insufficient level of coordination and collaboration between the United Nations organizations and the local authorities. In this regard, members of the joint field visit paid particular attention to issues relevant to United Nations reform (such as simplification and harmonization and the Resident Coordinator system), and to donor coordination and harmonization aspects.

80. United Nations organizations should set overall standards across the board for the projects that they initiate.

81. It is recommended that relief and rehabilitation agencies provide training in entrepreneurship to the local community, especially to women, and extend small grants to participants who develop a feasible business plan. This effort to provide livelihoods can be done in the context of sustainable rehabilitation and recovery.

82. United Nations humanitarian agencies should strengthen their collaboration and cooperation, and when organizing a humanitarian operation they should seek to make it

a cost-saving one.

83. A general recommendation on how to prepare better for forthcoming joint field visits: the terms of reference for a field visit should be complemented by a matrix of issues and detailed questions to be addressed during the visit.

Annex 1
List of participants in the joint field visit by members of the Executive Boards of UNDP/UNFPA, UNICEF and WFP to Indonesia (6 to 22 March 2006)

Regional group/ Country	Name and title	Representing
African States		
Algeria	Mr. Djihed-Eddine Belkas, Counsellor, Permanent Mission	UNFPA
Burundi	Mr. Leonidas Nkingiye, First Counsellor, Permanent Mission	UNICEF
Eritrea	Mr. Tesfa Alem Seyoum, Counsellor, Deputy Permanent Representative	UNDP
Niger	Mr. Adam Maiga Zakariaou, Counsellor, Embassy in Rome	WFP
Asian and Pacific States		
China	Mr. Chen Changbing, Third Secretary, Permanent Representation to United Nations-based agencies	WFP
Kazakhstan	Mr. Barlybay Sadykov, Counsellor, Permanent Mission	UNFPA
Myanmar	Mr. Aung Lynn, Counsellor, Permanent Mission	UNICEF
Pakistan	Ms. Farhat Ayesha, Third Secretary, Permanent Mission	UNDP
Eastern European States		
Poland	Ms. Ewa Anzorge, First Secretary, Permanent Mission	UNFPA
Russian Federation	Mr. Alexander Titarenko, Counsellor, Embassy in Rome	WFP
Serbia and Montenegro	Mr. Slobodan Nenadovic, Minister Counsellor, Permanent Mission	UNICEF
Ukraine	Mr. Andriy Nikitov, Counsellor, Permanent Mission	UNDP
Latin American and Caribbean States		
Argentina	Ms. Maria Fabiana Loguzzo, Counsellor, Permanent Mission	UNICEF
Colombia	Mr. Francisco Jose Coy Granados, Minister Counsellor, Embassy in Rome	WFP
Ecuador	Ms. Marisol Nieto, First Secretary, Permanent Mission	UNDP
Jamaica	Ms. Norma Taylor-Roberts, Minister, Deputy Permanent Representative	UNFPA
Western European and other States		
Australia	Mr. Nader Mirfakhrai, Manager, United Nations Unit, AusAID	UNICEF
Canada	Mr. James Melanson, Counsellor, Embassy in Rome	WFP
Norway	Ms. Elisabeth Droyer, First Secretary, Permanent Mission	UNFPA
Switzerland	Mr. Ralph Friedläender, Programme Manager for UNDP, WFP, Global Compact, UNIDO, SDC	UNDP

The mission was accompanied by:

Ms. Rekha Thapa, Secretary of the UNDP/UNFPA Executive Board
Mr. Kwabena Osei-Danquah, Chief, Executive Board and External Relations Branch, UNFPA
Mr. Ndolamb Ngokwey, Secretary of the UNICEF Executive Board
Ms. Claudia Von Roehl, Secretary of the WFP Executive Board
Ms. Marcela Romero, Executive Board Associate, UNDP/UNFPA Executive Board secretariat

Annex 2
List of project visits by groups
15 to 17 March 2006

Group 1: WFP sites

Participants: Francisco Coy Granados (WFP), Leonidas Nkingiye (UNICEF), Barlybay Sadykov (UNFPA), Andriy Nikitov (UNDP), Tesfa Seyoum (UNDP), James Melanson (WFP), Claudia Von Roehl (WFP Executive Board), Rekha Thapa (UNDP/UNFPA Executive Board)
Location: Nusa Tenggara Barat, Lombok
Duration: Two days
Projects: Visit the school feeding and village health post of the WFP nutrition rehabilitation programme, the WFP/UNICEF health post and UNICEF-assisted school, and a UNDP organic farming project

Day/Date	Time	Activities
Wednesday	15:00 – 1 6:00	Meet with provincial government
March 15 2006	16:00 – 19:00	To Senaru village, Bayan subdistrict
Thursday	07:45 – 08:00	Visit SDN 5 Akar-Akar (Dasan Glumpang)
March 16 2006	08:00 – 09:00	Visit Posyandu in Akar-Akar (Dasan Glumpang)
		Meet with local government of West Lombok district
	14:30 – 15:30	Meet with local government of Central Lombok district
	16:30 – 17:00	Visit the beneficiaries' site in Pujut subdistrict
Friday	08:00 - 09:30	Visit beneficiaries at Rembitan village
March 17 2006	15:00 - 17:10	Depart for Jakarta

Group 2: UNICEF sites

Participants: Ralph Friedlander (UNDP), Zakariaou Adam Maiga (WFP), Alexander Titarenko (WFP), Nader Mirfakhrai (UNICEF), Slobodan Nenadovic (UNICEF), Marisol Nieto (UNDP), Norma Taylor-Roberts (UNFPA), Aung Lynn (UNICEF), Ndolamb Ngokwey (UNICEF Executive Board), Marcela Romero (UNDP/UNFPA Executive Board)
Location: South Sulawesi/Makassar
Duration: 2 days
Projects: Child protection, learning communities for children; nutrition; HIV/AIDS

Day/Date	Time	Activities
Wednesday	12:15 – 12:45	Courtesy with Governor South Sulawesi
March 15 2006	13:10 – 13:40	Meeting with Child Protection Board (LPA)
	13:40 – 14:10	Visit BAPPEDA Office
	14:25 – 15:00	Quiz and speech competition on HIV/AIDS (Yasin – NGO)
	15:15 – 15:45	Meeting with Wanita Karya Mandiri
	16:00 – 17:00	Meeting with Yakita at SMK 8 (HIV/AIDS)
Thursday	09:25 – 10:00	Courtesy with Vice Bupati Bantaeng
March 16 2006	10:05 – 10:45	Visit at TPY Anggrek, Desa Lumpangang
	10:50 – 11:30	Visit at Radio MBS (School Radio)
	11:40 – 12:30	Visit at SD Kaili (CLCC Programme)
	13:30 – 14:00	Visit iodized salt local industries at Jeneponto

15:30 – 16:00	Visit Madrasah Ibtidaiyah Negri, Banta Bantaeng

Group 3: UNFPA sites

Participants: Chen Changbing (WFP), Maria Fabiana Loguzzo (UNICEF), Ewa Anzorge (UNFPA), Elisabeth Droyer (UNFPA), Farhat Ayesha (UNDP), Djihed-Eddine Belkas (UNFPA), Kwabena Osei-Danquah (UNFPA/IERD)

Location: West Java
Duration: 1.5 Days
Projects: HIV/AIDS; mini-grants to reduce maternal mortality; reproductive health

Day/Date/Time	Agenda
Thursday, 15 March 2006	
12:00 – 13:00	Lunch with Bupati and Vice Bupati of Tasikmalaya
13:00 – 14:30	Meeting with Bupati and other district stakeholders to discuss UNFPA assistance in Tasikmalaya
15:00 – 16:00	Visit Puan Amal Hayati (Islamic boarding school – Cipasung) to discuss the programme and observe facilities on religious-based prevention of gender-based violence and care
16:30 – 17:30	Visit Youth Centre (IPPA) to discuss ARH and HIV/AIDS programme and observe Youth Centre
Friday, 16 March 2006	
08:00 – 09:00	Visit Public Health Centre (Puskesmas) in Tasikmalaya to observe activities of essential reproductive health
09:30 – 11:00	Visit village with 'Suami SIAGA/Alert Husband' activities (mini-grant) to discuss mini-grant and other related activities with local community leaders